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HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

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TRAINING OF NURSES FOR PSYCHOPATHIC WORK

The growing tendency in the hospitals for the care of the insane to secure better-trained nurses for that particular work is one of the most encouraging evidences that, after all, the whole hospital world is not averse to better educated nurses. The term "better educated" is here used advisedly because it is the one frequently used by the advocates of the principle.

At a conference on modern developments in mental nursing, held in one of our large cities less than a year ago, this thought was brought out by each of the different speakers of whom but two had ever been nurses. The keynote of the conference was a consideration of how to get away from the entire dependence upon the custodial type of nurse for the insane and the general conclusion that there must be nurses of more experience (better education) was quite apparent. For this reason they debated the expediency of enticing general hospital graduates to take post-graduate courses in psychopathic work. One speaker E. E. Southard, M.D., Director of Psychopathic Hospital, Boston, may be quoted as outlining a partial plan for he says, in his paper read at the conference and published in the *Boston Medical and Surgical Journal*:

I should be in general accord with those who believe in grading, or in developing a stratified nursing force, having at the bottom persons of a custodial type corresponding to the orderlies of general hospitals, and above them a stratum composed chiefly of women of a higher grade. I should of course encourage persons in the orderly or maid-servant group to endeavor to rise to the higher or training school grade, but I should be inclined to give up the idea of putting "round pegs in square holes" by insisting on persons of all grades of intelligence going through the same training school. This can but pull down the general average of the training school.

As to the training school itself for state hospitals, I should advocate the inclusion of more features recalling those of general hospitals. I should like to have more insistence laid upon the part played by physicians in lecturing and giving practical demonstrations to nurses. In some general hospitals it has been the custom to pay physicians extra for their work in lecturing and demon-

strating: this secures better work. In Massachusetts, however, this plan could not be adopted, but an increase of salary could be granted to persons desirous of spending extra time in this manner.

Above the two grades just mentioned, I should like to see developed a higher grade of nurses for the insane. The new type of nurse might be termed briefly the psychopathic hospital type. The grade should be founded upon a course pursued subsequent to the general hospital course. The proper length of such a post-graduate nursing course is a matter of doubt but might provisionally be placed at six months. A certificate or diploma should be granted for this work.

The salary for persons taking this course should naturally be low, perhaps merely enough to cover the cost of uniforms, etc., but the course should be so elaborate, well-conceived and attractive that there would be no difficulty in securing graduates of general hospitals to take the course. Indeed I should say that any course proposed to be of this type, which should fail to secure an adequate supply of general hospital graduate nurses, would have to be marked down as a failure.

To develop this grade of nurse, it would be necessary to give the general hospital graduate nurses as good food and living conditions as they have been accustomed to in general hospitals. This would mean placing them in more special quarters and giving them more dignity than is at present accorded to nurses and attendants in most of our state hospitals for the insane.

It is clear that these nurses would be better nurses even in general nursing practice than otherwise. But here as in many other proposals, "the proof of the pudding is in the eating." To make these general hospitals nurses come to us, we must do more for them than in the past and we must not take them from a busy, energetic surgical or medical service to a routine composed of nothing but vigilance and hope to attract a constant stream. One of the troubles with our present system, as general hospital nurses see it, is that they find insane hospital work to consist largely of "watchful waiting" instead of constructive treatment.

Another speaker, who has always stood with but few upon the heights in advocating that which is for the best in general education but who has never favored the advancement of the nursing profession, said:

When it comes to dealing with excited or violent patients, women cannot rely on their own physical force or strength as men can. They have to rely on a personal influence which has *mental* and *spiritual* sources. The mental nurse also needs alertness, keen powers of observation, incessant watchfulness, and inexhaustible patience, and withal capacity for pleasant companionship.

Cannot the fine points in the argument for keeping up the standards of nursing by a wise and careful selection of pupils for the training school be seen in this? Personal influences which spring from mental and spiritual sources cannot come whence those sources are not, and powers for pleasant companionship do not spring upon demand from untutored minds. Truly we are progressing.